MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/53170

FILING DATE ⬤

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1				51							
2			≠				52							
3	1		1				53							
4		1		1			54							
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49							99							
50							100							
TOTAL IND.		⬇	2	⬇		⬇	TOTAL IND.			⬇		⬇		⬇
TOTAL DEP.		←	8	←		←	TOTAL DEP.			←		←		←
TOTAL CLAIMS			10				TOTAL CLAIMS							

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